

Dear Parents,

Circular on Student Health Status Survey

Physical Education is a formal subject of our school curriculum. Regular exercise is beneficial to students.

If your child has ever had the following medical condition(s): heart disease, abnormal blood pressure, tuberculosis, epilepsy, bronchial asthma, serious injury, visceral diseases, acute inflection or had surgeries etc, please write to us and specify the details. This is to ensure that students receive care at school.

If your child has any health problems, you should seek medical advice on whether your child is suitable to participate in PE lessons and other school activities. If your child needs to be temporarily or permanently exempted from PE lessons, please mark the details on the following reply slip and attach a medical certificate from a registered doctor.

For enquiries, please contact Mr. Cheung Kwan To.

Yours faithfully,

Chow Kim Ho

Chow Kim Ho
Principal



Tsuen Wan Trade Association Primary School
 Reply Slip of Circular 24-009/L08 < Please return it to Mr. Cheung Kwan To via the class teacher >
Circular on Student Health Survey Status

Dear Principal,

- * My child is suitable for participating in PE lessons and all school activities.
- My child is not suitable for participating in PE lessons or any school activities.
 (A medical certificate from a registered doctor must be produced.)
- My child is not suitable for participating in PE lessons or any school activities for a short term.

The reasons are as follows: _____.

Exemption from _____ to _____ for participating in PE lessons or any school activities is requested and a medical certificate from a registered doctor will be produced.

Please put a '✓' in the appropriate boxes.

Student :	Details
1. <input type="checkbox"/> Treatment or surgery	
2. <input type="checkbox"/> Now receiving treatment or medication	
3. <input type="checkbox"/> Blood transfusion	
4. <input type="checkbox"/> Heart disease	
5. <input type="checkbox"/> Chest pain	
6. <input type="checkbox"/> Hypertension	
7. <input type="checkbox"/> G6PD	
8. <input type="checkbox"/> Recurrent syncope	
9. <input type="checkbox"/> Lung disease for example: asthma, Emphysema, bronchitis	
10. <input type="checkbox"/> Diabetes	
11. <input type="checkbox"/> Spasm	
12. <input type="checkbox"/> Trauma, patients with joints and bones	
13. <input type="checkbox"/> Trauma with head or neck	
14. <input type="checkbox"/> Damage such as paralysis, loss of hearing and sight	
15. <input type="checkbox"/> Tuberculosis	
16. <input type="checkbox"/> Visceral disease	
17. <input type="checkbox"/> AIDS	
18. <input type="checkbox"/> SARS	
19. <input type="checkbox"/> Cancer or benign tumors	
20. <input type="checkbox"/> Other disease	

Student's Name: _____ ()

Parent's Signature: _____

Class: _____

Date: _____

* Please put a '✓' in the appropriate box.